

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/128532 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			J	J	J	
TOTAL DEP.			3			
TOTAL CLAIMS			4			

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TOTAL IND.				J	J	
TOTAL DEP.				3	J	J
TOTAL CLAIMS				3	J	J